



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Box Elder Public Schools	Legal Entity Number 0425 0426
Route # 7	Length of Route (miles per day) 32		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 2714	License # 663	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0425	Legal Entity 0426	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Hill		County Number 21	District Name Box Elder Public Schools	Legal Entity Number 0425 0426
Route # 6	Length of Route (miles per day) 44		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 12
Vehicle I.D. # 6514	License # 470	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0425	Legal Entity 0426	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

County Name Hill		County Number 21	District Name Box Elder Public Schools	Legal Entity Number 0425 0426
Route # 3	Length of Route (miles per day) 69		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 84
Vehicle I.D. # 0298	License # 593	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0425	Legal Entity 0426	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Box Elder Public Schools	Legal Entity Number 0425 0426
Route # 1	Length of Route (miles per day) 57		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 4612	License # 742	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0426	Legal Entity 0425	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Box Elder Public Schools	Legal Entity Number 0425 0426
Route # 2	Length of Route (miles per day) 65		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 7001	License # 702	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0425	Legal Entity 0426	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Box Elder Public Schools	Legal Entity Number 0425 0426
Route # 4	Length of Route (miles per day) 78		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 8028	License # 608	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0425	Legal Entity 0426	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Box Elder Public Schools	Legal Entity Number 0425 0426
Route # 5	Length of Route (miles per day) 82		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 1591	License # 718	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0425	Legal Entity 0426	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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October 1

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Rate Per Mile
\$0.95

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-9-88.6	Length of Route (miles per day) 88.6		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 48
Vehicle I.D. # 1458	License # 117	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-9-88.6A	Length of Route (miles per day) 88.6		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 66
Vehicle I.D. # 2624	License # 700	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-10-93	Length of Route (miles per day) 93		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 66
Vehicle I.D. # 9690	License # 680	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



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Helena, MT 59620-2501

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for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-4B-125.2	Length of Route (miles per day) 125.2		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 3236	License # 395	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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Date

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Date



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Helena, MT 59620-2501

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for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005**

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-4-137.2	Length of Route (miles per day) 137.2		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 3236	License # 395	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Date



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for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-6-191.4	Length of Route (miles per day) 191.4		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 48
Vehicle I.D. # 6067	License # 106	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Date

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Signature - Chair, County Transportation Committee

Date



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for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
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1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-12C-80.1	Length of Route (miles per day) 80.1		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 78
Vehicle I.D. # 7490	License # 251	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-3C-67.7	Length of Route (miles per day) 67.7		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 45
Vehicle I.D. # 1819	License # 322	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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TOTAL RIDERS			

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-12B-70.3	Length of Route (miles per day) 70.3		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 78
Vehicle I.D. # 7490	License # 251	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-7-73	Length of Route (miles per day) 73		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 54
Vehicle I.D. # 1820	License # 393	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-5-73.4	Length of Route (miles per day) 73.4		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 5498	License # 0664	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-11-44.8	Length of Route (miles per day) 44.8		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 4716	License # 364	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-12A-45.6	Length of Route (miles per day) 45.6		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 78
Vehicle I.D. # 7490	License # 251	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-3A-47	Length of Route (miles per day) 47		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 45
Vehicle I.D. # 1819	License # 322	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-2-48	Length of Route (miles per day) 48		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 0618	License # 394	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-38-52.2	Length of Route (miles per day) 52.2		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 45
Vehicle I.D. # 1819	License # 322	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Date



Office of Public Instruction
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1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-1-52.8	Length of Route (miles per day) 52.8		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 4717	License # 65	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
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Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
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TOTAL RIDERS			

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.36

County Name Hill		County Number 21	District Name Havre Public Schools	Legal Entity Number 0427 0428
Route # 12-16-8-41	Length of Route (miles per day) 41		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 66
Vehicle I.D. # 3986	License # 544	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0427	Legal Entity 0428	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Hill		County Number 21	District Name Cottonwood Elementary	Legal Entity Number 0445
Route # 12-57-2	Length of Route (miles per day) 141.4		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 24
Vehicle I.D. # 4044	License # 744	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0445	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Hill		County Number 21	District Name Cottonwood Elementary	Legal Entity Number 0445
Route # 12-57-1	Length of Route (miles per day) 96.4		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 19
Vehicle I.D. # 4137	License # 676	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0445	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Hill		County Number 21	District Name Cottonwood Elementary	Legal Entity Number 0445
Route # 12-57-1A	Length of Route (miles per day) 96.4		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 19
Vehicle I.D. # 4137	License # 676	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0445	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Rocky Boy Public Schools	Legal Entity Number 1207 1229
Route # 7 Bonneau & Laredo	Length of Route (miles per day) 88		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 71
Vehicle I.D. # 5267	License # 609	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1207	Legal Entity 1229	Legal Entity	Legal Entity
% 80.00	% 20.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

County Name Hill		County Number 21	District Name Rocky Boy Public Schools	Legal Entity Number 1207 1229
Route # 5 Duck Creek to Box Elder	Length of Route (miles per day) 55.4		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 84
Vehicle I.D. # 4303	License # 696	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1207	Legal Entity 1229	Legal Entity	Legal Entity
% 80.00	% 20.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Rocky Boy Public Schools	Legal Entity Number 1207 1229
Route # 6 Lower Rd to Box Elder	Length of Route (miles per day) 50		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 9541	License # 308	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1207	Legal Entity 1229	Legal Entity	Legal Entity
% 80.00	% 20.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction
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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Hill		County Number 21	District Name Rocky Boy Public Schools	Legal Entity Number 1207 1229
Route # 8 Sp Ed	Length of Route (miles per day) 74.8		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 12
Vehicle I.D. # 3938	License # 697	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1207	Legal Entity 1229	Legal Entity	Legal Entity
% 80.00	% 20.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

County Name Hill		County Number 21	District Name Rocky Boy Public Schools	Legal Entity Number 1207 1229
Route # 3 Parker Schools	Length of Route (miles per day) 20.6		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 84
Vehicle I.D. # 7092	License # 749	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1207	Legal Entity 1229	Legal Entity	Legal Entity
% 80.00	% 20.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route <div style="border: 1px solid black; width: 80px; height: 20px; margin: 5px auto;"></div>	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Rocky Boy Public Schools	Legal Entity Number 1207 1229
Route # 2 Haystack	Length of Route (miles per day) 29.2		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 9264	License # 588	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1207	Legal Entity 1229	Legal Entity	Legal Entity
% 80.00	% 20.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.15

County Name Hill		County Number 21	District Name Rocky Boy Public Schools	Legal Entity Number 1207 1229
Route # 4 Parker Canyon	Length of Route (miles per day) 21.6		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 59
Vehicle I.D. # 8869	License # 660	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1207	Legal Entity 1229	Legal Entity	Legal Entity
% 80.00	% 20.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.80

County Name Hill		County Number 21	District Name Rocky Boy Public Schools	Legal Entity Number 1207 1229
Route # 1 Azure	Length of Route (miles per day) 24.8		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 84
Vehicle I.D. # 6998	License # 703	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1207	Legal Entity 1229	Legal Entity	Legal Entity
% 80.00	% 20.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Kremlin-Gildford Pub Schls	Legal Entity Number 1208 1209
Route # 1A	Length of Route (miles per day) 25.2		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 9855	License # 630	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1208	Legal Entity 1209	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Kremlin-Gildford Pub Schls	Legal Entity Number 1208 1209
Route # 4C	Length of Route (miles per day) 25.2		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 9855	License # 630	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1208	Legal Entity 1209	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Kremlin-Gildford Pub Schls	Legal Entity Number 1208 1209
Route # 1C	Length of Route (miles per day) 10.6	Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage		Rated Capacity 72
Vehicle I.D. # 9855	License # 630	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1208	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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TOTAL RIDERS			

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Date

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
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Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Kremlin-Gildford Pub Schls	Legal Entity Number 1208 1209
Route # 4A	Length of Route (miles per day) 10.6	Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage		Rated Capacity 72
Vehicle I.D. # 9855	License # 630	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1208	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
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TOTAL RIDERS			

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Kremlin-Gildford Pub Schls	Legal Entity Number 1208 1209
Route # 1B	Length of Route (miles per day) 10.6		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 9855	License # 630	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1208	Legal Entity 1209	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Kremlin-Gildford Pub Schls	Legal Entity Number 1208 1209
Route # 4B	Length of Route (miles per day) 10.6		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 9855	License # 630	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1208	Legal Entity 1209	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Kremlin-Gildford Pub Schls	Legal Entity Number 1208 1209
Route # 3K	Length of Route (miles per day) 21.2		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 9855	License # 630	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1208	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Kremlin-Gildford Pub Schls	Legal Entity Number 1208 1209
Route # 1A(2)	Length of Route (miles per day) 35.8		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 9855	License # 630	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1208	Legal Entity 1209	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Kremlin-Gildford Pub Schls	Legal Entity Number 1208 1209
Route # 4C(2)	Length of Route (miles per day) 35.8		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 72
Vehicle I.D. # 9855	License # 630	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1208	Legal Entity 1209	Legal Entity	Legal Entity
% 50.00	% 50.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Blue Sky K-12 Schools	Legal Entity Number 1220
Route # 12-K-3-31.2a	Length of Route (miles per day) 35.2		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 70
Vehicle I.D. # 8765	License # 300	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1220	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Blue Sky K-12 Schools	Legal Entity Number 1220
Route # 12-K-3	Length of Route (miles per day) 31.2		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 70
Vehicle I.D. # 8765	License # 300	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1220	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

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Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Hill		County Number 21	District Name Blue Sky K-12 Schools	Legal Entity Number 1220
Route # 12-K-1A	Length of Route (miles per day) 50.4		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 21
Vehicle I.D. # 0155	License # 9243	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned Toner's Tire Rama				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1220	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$1.57

County Name Hill		County Number 21	District Name Blue Sky K-12 Schools	Legal Entity Number 1220
Route # 12-k-3-b	Length of Route (miles per day) 55.2		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 70
Vehicle I.D. # 8765	License # 300	<input type="checkbox"/> District Owned District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1220	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005**

1 copy State Supt.
1 copy County Supt.
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Hill		County Number 21	District Name Blue Sky K-12 Schools	Legal Entity Number 1220
Route # 12-K-2	Length of Route (miles per day) 103		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 21
Vehicle I.D. # 6142	License # E448	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned Toner's Tire Rama				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1220	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

**Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005**

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Hill		County Number 21	District Name Blue Sky K-12 Schools	Legal Entity Number 1220
Route # 12-K-1	Length of Route (miles per day) 94.4		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 21
Vehicle I.D. # 0155	License # 9243	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned Toner's Tire Rama				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1220	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Date



Office of Public Instruction
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PO Box 202501
Helena, MT 59620-2501

Combined School District Application
for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005

1 copy State Supt.
1 copy County Supt.
1 copy School District

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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Hill		County Number 21	District Name Blue Sky K-12 Schools	Legal Entity Number 1220
Route # 12-K-4	Length of Route (miles per day) 175.2		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 35
Vehicle I.D. # 2974	License # F41	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
Contractor Owned Dan Horinek				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1220	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
TOTAL RIDERS			

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Office of Public Instruction
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for Registration of School Bus &
State Reimbursement
School Year 2004 - 2005**

1 copy State Supt.
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Due Dates:
All Routes

To County Supt
October 1

To OPI
October 15

Rate Per Mile
\$0.95

County Name Hill		County Number 21	District Name Blue Sky K-12 Schools	Legal Entity Number 1220
Route # 12-K-4a	Length of Route (miles per day) 138.4		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage Bus Route Mileage	Rated Capacity 35
Vehicle I.D. # 2974	License # F41	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned Dan Horinek				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 1220	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
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